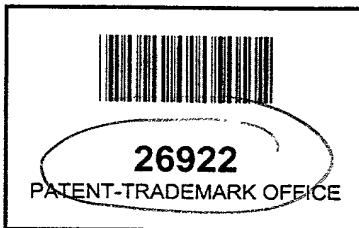


## DECLARATION —

## Utility or Design Patent Application

Customer Number or Bar Code Label



or

Correspondence address below

County	Telephone	(248) 948-202	Fax	(248) 948-2093
--------	-----------	---------------	-----	----------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) <u>Rainer</u>			Family Name or Surname <u>BLUM</u>				
Inventor's Signature <u>Rainer Blum</u>			Date <u>20.07.2001</u>				
Residence: City	D-67069 Ludwigshafen	State	Germany	Country	Federal Republic of Germany	Citizenship	German
Mailing Address		Rüdigerstr. 64 <u>DEX</u>					
City	D-67069 Ludwigshafen	State	Germany	Zip			